

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101586,025

FILING DATE

7-13-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	2		1			
5	2		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
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42			1			
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48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	30	←	40	←		←
TOTAL CLAIMS	32		42			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						